BEST AVAILABLE COPY

| | PATENT A | | | | ETERMINAT per 10, 1998 | ION RECOR | RD | | | | |
|---|--|---------------|---------------------------------|------------------------------------|---|--|--|------------------------|------|-------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | OTHER THAN | |
| FOR | | | NUMBI | R FILED | NUMBER | NUMBER EXTRA | | FEE | 7 | RATE | FEE |
| ВА | SIC FEE | | 7 . 7 . 1 | | | | 380.00 | OR | | 760.00 | |
| TOTAL CLAIMS | | | 34 | minus : | 20= * / | '4 | X\$ 9 | = | OR | X\$18= | 282 |
| INDEPENDENT CLAIMS | | | 5 | minus | 3 = * | X39: | = | OR | X78= | 156 | |
| ML | ILTIPLE DEPEN | NDENT (| CLAIM P | RESENT | | | 100 | | | | / |
| * If | the difference | in colu | ımn 1 is | loss than 76 | ero, enter "0" in | column 2 | +130 | | OR | +260= | 11.6 |
| | | | | | · | COIGITIII 2 | TOTA | L L | OR | TOTAL | 1168 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | L ENTITY | OR | OTHER SMALL | |
| AMENDMENT A | | REM AF | AIMS AINING TER IDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | = | X\$ 9: | = | OR | X\$18= | |
| | Independent | Independent * | | Minus | *** | = | X39= | | OR | X78= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | .000 | |
| | | | | | | | +130: | | OR | +260= TOTAL | |
| | | | | | | | ADDIT. F | | OR | ADDIT. FEE | |
| | | | umn 1) AIMS | | (Column 2) | (Column 3) | - | | , , | | |
| AMENDMENT B | | REM AF | AINING FTER IDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | = | X\$ 9= | = | OR | X\$18= | |
| | Independent | * | | Minus | *** | = | X39= | | | X78= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | OR | 7.10- | |
| | | | | | | | +130= | | OR | +260= | |
| | | | | | | | TOT. ADDIT. FI | | OR | TOTAL ADDIT. FEE | |
| Ш | | | umn 1) | | (Column 2) | (Column 3) | | | | | |
| AMENDMENT C | | REM AF | AIMS AINING TER IDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | _ | X\$ 9= | | OR | X\$18= | |
| | Independent | * | | Minus | *** | = | X39= | | 1 | X78= | |
| | FIRST PRESE | NTATIC | N OF M | JLTIPLE DEF | PENDENT CLAIM | 1 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | OR | A/0= | |
| * 1 | f the entry in eath | mn 1 (+ 1) | oon than th | o ontre in anti- | mn O weike HOT in - | olumn 2 | +130= | | OR | +260= | |
| ** | If the "Highest Nu If the "Highest Nu | mber Pre | eviously Pa eviously Pa | aid For" IN THI aid For" IN THI | mn 2, write "0" in co S SPACE is less th S SPACE is less th r Independent) is th | an 20, enter "20." an 3, enter "3." | TOTA ADDIT. FE found in the | E | | TOTAL ADDIT. FEE umn 1. | |

Application or Docket Number

Luis for INTERNAL PTO USE ONLY redoes NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: C4/454021

FORM OPE-RAM-01 (Rev. 12/97)

Total Fee Calculation

| | | 10011 | | | | | |
|-------------------------|----------------|-------------------|-----------------|-------------|--------------|--------------|---|
| | Fee Cade | Total # Claims | Number Extra | x | Fee | Fee = | Total |
| | SaAlg. | | | | Sm. Eatity | Lg. Eatity | |
| Basic Filing Fee | 201/101 | a . 1 | 1. 1 | · | | 760 - | |
| Total Claims >20 | 203/103 | 39 .20 | - 14 | χ | | 252. 156. | |
| Ladepeadeat Claims >3 | 202/102 | <u>5</u> .; | - 3 | X | | | · |
| Mult Dep Claim Present | 204/104 | | | | , | 130 | · ************************************ |
| Smeparde | 205/105 | | | | | | |
| Eaglish Translation | 139 | | | | | | . · |
| TOTAL FEE CALCUL | · · | | | | | | 1258 |
| Fees due upon filing (| the applicatio | c: | | | | | • |
| Total Filing Fees Due | := S_ | 12 | 98 | | ÷ | | |
| Less Filing Fees Subt | nitted - S _ | | | | • | • . | |
| BALANCE DUE | = s_ | 12 | 48 | | · . | | |
| Office of Initial Pater | it Examinatio | a | | | | | |
| | | | Figure 7 | | | | |